

I. Local Planning Bodies

The following individuals have participated in the development of the Self-Assessment and the System Improvement Plan (SIP) or will have a role in fulfilling the SIP. The Lake Tahoe Collaborative is the only formal planning body that had input into the Self-Assessment. Other groups were brought together for the purpose of providing input into the Self-Assessment.

Name	Agency
Lisa Aikenhead	<i>New Morning Youth & Family Services</i>
Christine Amey	<i>El Dorado County Department of Human Services</i>
Suzanne Ballen	<i>El Dorado County Department of Human Services</i>
Kathy Brook-Johnson	<i>El Dorado County Department of Human Services</i>
Wendy David	<i>Lake Tahoe Collaborative</i>
Cheree Haffner	<i>El Dorado County Mental Health Department</i>
Mary Hill-Hughes	<i>El Dorado County Department of Human Services</i>
Gary Hudgeons	<i>El Dorado County Probation</i>
Reuben Jessop	<i>Community Member</i>
Ben Kinser	<i>El Dorado County Probation</i>
Debbie McCartney	<i>New Morning Youth & Family Services</i>
Moirhian Martin	<i>El Dorado County Department of Human Services</i>
Kathy Matranga-Cooper	<i>El Dorado County Department of Human Services</i>
Patty Moley-Dunn	<i>El Dorado County Department of Human Services</i>
Greg Sly	<i>El Dorado County Probation</i>
Nikki Thomas	<i>El Dorado County Department of Human Services</i>
Jan Walker-Conroy	<i>El Dorado County Department of Human Services</i>
Annie Wilson	<i>Community Member</i>

II. Findings that Support Qualitative Change

We did not initiate any formal surveys to assess client satisfaction; however, it is anticipated we will utilize surveys when completing future assessments. We relied, almost exclusively, upon data retrieved from the Child Welfare Services/ Case Management System (CWS/CMS), the California Child Welfare Services Outcome & Accountability County Data quarterly reports, and/or other data obtained from the Internet. Community concerns and input were obtained at

collaborative meetings and used in preparing the Self-Assessment. All the data acquired, whether quantitative or qualitative, was used to determine which outcome indicators to address in this initial SIP.

Factors which played a major role influencing the results of our outcomes include:

- Inconsistent definition of “referral”;
- Organizational structure;
- Inadequate supervisory oversight;
- Lack of consistent practice;
- Lack of knowledge of resources to develop, disseminate, or compile survey; and
- Lack of outreach efforts to families/consumers.

III. Summary Assessment of the Self-Assessment

A. Discussion of System Strengths and Areas Needing Improvement

1. Children are, first and foremost, protected from abuse and neglect.

Some concerning trends, such as the increase in referrals in the South Lake Tahoe region and the decrease in referrals received by the Placerville Office, require further internal analysis. This may be due to a lack of clear definition of what meets the criteria of an assigned referral and inconsistency in practice.

2. Children are maintained safely in their homes whenever possible and appropriate.

Our social workers work with many families providing voluntary family maintenance services as an alternative to out-of-home placement. Our ability to provide family maintenance services is partially credited for maintaining children safely in their homes.

The need for the development and utilization of a comprehensive tracking system is critical to determining whether or not services offered were, in fact, effective in maintaining children in their homes and supporting families.

3. Children have permanency and stability in their living situations without increasing reentry to foster care.

The El Dorado County rates in permanency and stability exceed those of California. We have recently taken some progressive steps to achieve permanency and stability, while reducing the number of children re-entering foster care as well as identifying key areas for improvement. These include:

- Increasing the quality of concurrent planning by holding regular staffings and developing a format to discuss probability of reunification with supervisory review/participation.
- Setting goals for adoption social workers to finalize their cases within six months of the .26 hearing and to make placement with concurrent planning families prior to the .26 hearing.
- Mandatory implementation of the full utilization of SDM with all court cases to assure consistency in decision-making.
- Continuing foster home recruitment in South Lake Tahoe.
- Implementing a family-focused case conferencing model in conjunction with multi-disciplinary teams (e.g. Child Resource Team [CRT], etc.).
- Developing a diagnostic tool/plan to analyze information on children who re-enter the foster care system.
- Developing, with community partners, an aftercare plan for all clients whose dependency is being dismissed.
- Exploring placing an adoption worker in South Lake Tahoe.

4. The family relationships and connections of the children served by the CWS will be preserved, as appropriate.

El Dorado County has experienced challenges trying to place sibling groups together; however even when siblings are separated, family relationships can be supported by encouraging sibling visits. Solutions to these challenges may include:

- Implementing a family-focused case conferencing model, which will address the issue of maintaining family relationships and connections.
- Focusing on resource family recruitment and retention, particularly for the South Lake Tahoe region. This will enable children to be placed closer to their families, as well as with their siblings.

8. Youth emancipating from foster care are prepared to transition to adulthood.

El Dorado County is continuing to make efforts to prepare foster care youth to transition into adulthood. Specifically, collaboration with community colleges to deliver independent living skills training plus networking with local businesses to provide opportunities for the youth to learn soft job skills are examples of our efforts; however, historically these efforts have been more focused in Placerville. A strategic plan specifically geared toward assisting all emancipating youth to achieve independence is needed, including assistance with housing, job training, and obtaining health care coverage. This plan shall be comprehensive and countywide in its service delivery. Some of the above can be achieved through developing improved relationships with our community partners and securing grant funding to offer services to this population.

B. Areas for Further Exploration through the PQCR

Areas of concern, which have already been identified in the body of this report, are addressed in the Self-Improvement Plan (SIP) Plan Components and will be of primary focus when our county participates in the Peer Quality Case Review (PQCR).

IV. SIP Plan Components

Outcome/Systemic Factor:
2A: Recurrence of abuse/neglect in homes where children were not removed
County's Current Performance:
At the time the Self-Assessment was completed, our performance was 9.0% while the state average was 9.5%. Since then, the updated Outcome & Accountability County Data Report has been received, which indicates our performance is 7.5%. Although our average is better than the state, one of the areas of concern is the lack of a tracking system to determine if services provided to at-risk families are adequate and/or effective in reducing the recurrence of abuse/neglect.
Improvement Goal 1.0
Reduce the recurrence of abuse/neglect in homes where children were not removed.

Strategy 1. 1			Strategy Rationale		
Work with staff and service providers to develop a means of capturing data on the services offered/provided to at-risk families.			There is no easily accessible means of obtaining specific, detailed data on families where children were not removed but services offered/received.		
Milestone	1.1.1	Timeframe	1 month (11/1/04)	Assigned to	Department of Human Services (DHS) Analyst
	Research possible tracking systems such as utilizing CWS/CMS <i>Special Projects</i> field, an external data base (e.g. Excel, etc.), or a combination of two and select an appropriate system.				
	1.1.2				DHS Analyst
	Meet with service providers to determine what information can be tracked and how this can be accomplished.		2 months (12/1/04)		
	1.1.3		4 months (2/1/05)		DHS Analyst
	Develop written agreements with service providers to establish roles in the data collection and tracking.				
Milestone	1.1.4	Timeframe	2 months (12/1/04)	Assigned to	DHS Analyst
	Develop written desk guidelines for staff to address how to				

consistently investigate risk factors and input information regarding services offered/provided into CWS/CMS. Guidelines will emphasize the importance of documenting this information and clearly identify how this information is used if subsequent referrals are received on families.				
		2 months (12/1/04)		Child Protective Services (CPS) Program Managers and Supervisors
		2 months (12/1/04)		Social Workers
		2 months (12/1/04)		Social Workers
		2 months (12/1/04)		CPS Supervisors
		6 months (3/30/05)		DHS Analyst

<p>Strategy 1. 2 Assigned social workers will staff, all new referrals which</p>	<p>Strategy Rationale Families with multiple referrals may have issues for which they have not</p>
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have prior interventions to determine appropriate future courses of action with their supervisors and appropriate service providers as collaterals.		been properly treated in the past. Multi-disciplinary team (MDT) staffing may help identify issues and plan effective courses of action which would prevent future recurrence.			
Milestone	1.2.1 Meet with staff and service providers to explain review process.	Timeframe	1 month (11/1/04)	Assigned to	CPS Program Managers and DHS Analyst
	1.2.2 Develop guidelines with parameters for reviewing referrals.		2 months (12/1/04)		DHS Analyst
	1.2.3 Train staff and service providers on procedure.		2 months (12/1/04)		CPS Program Managers and Supervisors
	1.2.4 Staff all new referrals, which have prior interventions, with appropriate service providers and supervisor.		2 months (12/1/04)		Social Workers

Strategy 1.3 Social workers and supervisors will review and track SDM safety assessment and risk assessment tools in an attempt to identify common characteristics in high-risk families.		Strategy Rationale While this information is available for review, internal analysis has not occurred. Analyzing common characteristics in high-risk families will provide the information needed to more efficiently provide appropriate interventions and services thus, decreasing recurrence of abuse.			
Milestone	1.3.1 Complete SDM safety assessment and risk assessment tools.	Timeframe	1 month (11/1/04)	Assigned to	Social Workers
	1.3.2 Review and track safety assessment and risk assessment data to determine trends.		1 month (11/1/04)		CPS Supervisors
	1.3.3 Explore the feasibility of purchasing Safe Measures or County Access to Data (CAD) IQ to enable supervisors and program managers to easily identify and track trends for improved intervention strategies.		3 months (1/1/05)		CPS Program Managers

Describe systemic changes needed to further support the improvement goal. Achieving this goal will require strong collaboration between the county and service providers, broader community involvement, and
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shared responsibility for the protection of children, including the compensation for services. Changes to the current constraints regarding confidentiality issues will need to be made to allow an appropriate exchange of information between service providers and CPS/Probation.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. To be identified.
Identify roles of the other partners in achieving the improvement goals. Service providers will track and report progress of at-risk families who have been referred to them by CPS/Probation. Service providers must also be willing to participate in staffing cases to help determine impact of previous services provided.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Changes in confidentiality laws such as broadening the use of Title IV-E funds so that preventive services can be reimbursed to local CWS and Probation Offices.

Outcome/Systemic Factor: 2B: Child Abuse/Neglect Referrals with a Timely Response
County's Current Performance: At the time the Self-Assessment was completed, our performance was 90.9% for immediate response compliance and 97.9% for 10-day response compliance. Since then, the updated Outcome & Accountability County Data Report has been received, which indicates our immediate response compliance is 93.9% and 96.2% for 10-day response compliance. While our rates are equal to or better than the state rates, we feel this is a critical area which needs improvement.
Improvement Goal 1.0 Increase the percent of timely responses to child abuse/neglect referrals to 100%.

Strategy 1.1 Develop and communicate a policy regarding which date to use as	Strategy Rationale There has been inconsistency in determining the report date.
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the “report date” when entering information into CWS/CMS.			The department needs to clarify and communicate this information to staff.		
Mile-stone	1.1.1 Write a policy instructing staff which date to use as the report date and where to enter it into CWS/CMS.	Timeframe	1 month (11/1/04)	Assigned to	DHS Analyst
	1.1.2 Advise of policy and train staff on procedure.		1 month (11/1/04)		CPS Supervisors
	1.1.3 Consistently input into CWS/CMS appropriate report date.		1 month (11/1/04)		Social Workers and CPS Clerical Staff

Strategy 1.2 Monitor the designation of referral response times.		Strategy Rationale Monitoring the designation of response times will ensure consistency and allow for timely corrective action, if necessary.			
Milestone	1.2.1. Route all referrals to be investigated to the supervisor.	Timeframe	Immediately (10/1/04)	Assigned to	Social Workers
	1.2.2 Review all referrals to be investigated to ensure consistency in assigned response times.		Immediately (10/1/04)		CPS Supervisors
	1.2.3 Provide feedback to social workers and training, as needed.		Immediately (10/1/04)		CPS Supervisors

Strategy 1.3 Monitor social worker response time on all referrals.		Strategy Rationale Consistent monitoring of the time taken to respond to referrals			
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				will ensure compliance and allow for timely corrective action, if necessary.	
Milestone	1.3.1 Run appropriate Business Objects reports monthly.	Timeframe	1 month (11/1/04)	Assigned to	CWS/CMS Coordinator
	1.3.2 Review Business Objects reports identifying individual social worker response times monthly.		1 month (11/1/04)		CPS Program Manager and Supervisors
	1.3.3 Provide monthly feedback to social workers based on the Business Objects reports and include as standard of performance evaluations.		1 month (11/1/04)		CPS Supervisors
	1.3.4 Make appropriate adjustments in response time based upon monthly feedback.		6 weeks (11/15/04)		Social Workers

Strategy 1.4			Strategy Rationale		
Continue to deploy clerical staff to assist in information input.			Clerical assistance will improve both the accuracy and timeliness of data input.		
Milestone	1.4.1. Prepare appropriate resource material for clerical staff.	Timeframe	1 month (11/1/04)	Assigned to	CWS/CMS Coordinator
	1.4.2 Train clerical staff on inputting data/referrals into CWS/CMS.		2 months (12/1/04)		CWS/CMS Coordinator
	1.4.3 Assist with inputting referral information into CWS/CMS.		3 months (1/1/05)		CPS Clerical Staff
	1.4.4 Review clerical staff performance to ensure consistency and provide training as needed.		3 months (1/1/05)		CPS Clerical Supervisors and CPS Supervisors
Describe systemic changes needed to further support the improvement goal.					
Relevant management data systems have been identified as a key factor in this goal. Our data may be compromised by inaccurately					

inputting the information into the CWS/CMS system. Monitoring and training are required to obtain consistency.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Our CWS/CMS coordinator will provide mandatory training to all emergency response staff and appropriate clerical staff.
Identify roles of the other partners in achieving the improvement goals. This is an internal agency matter and thus, no involvement of other partners is required.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None

Outcome/Systemic Factor: 3G: Foster Care Re-Entry	
County's Current Performance: At the time the Self-Assessment was completed, our performance was 21.9%. Since then, the updated Outcome & Accountability County Data Report indicates our performance has improved. Approximately 17.6% of children re-enter the foster care system in our county, compared to the statewide average of 13.3%.	
Improvement Goal 1.0 Reduce the rate of children who re-enter foster care within 12 months of reunification.	
Strategy 1.1 Ensure social workers use SDM tools consistently and accurately during the life of a court dependency case.	Strategy Rationale SDM tools have been inconsistently applied for dependency cases.

Milestone	1.1.1 Provide staff with additional training regarding the correct use of SDM.	Timeframe	2 months (12/1/04)	Assigned to	CPS Supervisors
	1.1.2 Train all CPS supervisors in court reporting standards.		2 months (12/1/04)		CPS Program Managers
	1.1.3 Review and sign all court reports prepared by social workers to ensure appropriate inclusion of SDM tools at key decision-making points of the case.		3 months (1/1/05)		CPS Supervisors

Milestone	1.1.4 Provide social workers with feedback and instruction for use of SDM tools.	Timeframe	3 months (1/1/05)	Assigned to	CPS Supervisors
	1.1.5 Periodically perform internal audits in the ongoing unit to determine consistent and accurate use of SDM tools for court-dependent cases.		6 months (4/1/05)		CPS Program Managers and Supervisors

Strategy 1.2 Ensure case plans effectively/adequately address SDM risk/safety factors and directly focus on clients' needs.			Strategy Rationale Case plans have not consistently reflected specific needs/treatment goals for adult clients.		
Milestone	1.2.1 Prior to developing client case plans, identify at least three key risk/safety factors as service objectives by utilizing the family strengths and needs assessment in SDM.	Timeframe	1 month (11/1/04)	Assigned to	Social Workers
	1.2.2 Include in all case plans specific intervention strategies and services, as identified through the SDM assessment.		1 month (11/1/04)		Social Workers
	1.2.3 Review case plans to ensure intervention strategies and services are included, as identified through the SDM assessment.		1 month (11/1/04)		CPS Supervisors
	1.2.4 Monitor clients' compliance with case plans by documenting all client activities/participation in CWS/CMS.		1 month (11/1/04)		Social Workers

Strategy 1.3	Strategy Rationale
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Review previous services offered/provided to determine effectiveness.		Reviewing clients' histories will allow staff to consider the effectiveness of previous services. This information, in conjunction with current assessment and case consultation with the MDT, can be used to create appropriate service plans.			
Milestone	1.3.1 Meet with service providers to discuss proposed review process and determine how this can be accomplished.	Timeframe	1 month (11/1/04)	Assigned to	CPS Program Manager and DHS Analyst
	1.3.2 Develop a written procedure with parameters for reviewing cases.		2 months (12/1/04)		DHS Analyst
	1.3.3 Train staff and service providers on procedure.		3 months (1/1/05)		CPS/Probation Program Managers and Supervisors
	1.3.4 Staff all new cases, within the first month of detention, where children have previously been placed in out-of-home care. Utilize existing MDT teams and call for MDT staffing, when necessary. Staffing team may include assigned social worker, supervisor, program manager, and other public/private agencies as necessary.		3 months (1/1/05)		Social Workers & Probation Officers

Strategy 1.4		Strategy Rationale			
Collaborate with community partners on the development of an aftercare plan for all cases in which dependency is being dismissed.		An aftercare plan would allow community partners to informally follow families to ensure they receive appropriate services and support necessary to maintain successful reunification with their children.			
Milestone	1.4.1 Meet with service providers to develop a referral system.	Timeframe	4 months (2/1/05)	Assigned to	CPS Program Manager and Analyst
	1.4.2 Develop a written referral procedure for staff and agreements with service providers.		5 months (3/1/05)		DHS Analyst
	1.4.3 Train staff and service providers on procedure.		6 months (4/1/05)		CPS Supervisors
	1.4.4 Implement procedure.		6 months (4/1/05)		Social Workers
Strategy 1.5		Strategy Rationale			

Implement a family-focused case planning model.		Family-focused planning is an evidenced-based practice. Involvement of parents, the family's support system, and youth in case planning is a proven method of reducing re-entry into foster care.			
Milestone	1.5.1 Research available family-focused case conferencing models.	Timeframe	2 months (12/1/04)	Assigned to	CPS Program Manager
	1.5.2 Select appropriate model and obtain input regarding feasibility of implementation.		2 months (12/1/04)		CPS Program Manager
	1.5.3 Implement family-focused case planning model pilot project on a small-scale basis.		3 months (1/1/05)		CPS Program Manager and Supervisor
	1.5.4 Track data and report on progress of pilot project.		6 months (4/1/05)		DHS Analyst
	1.5.5 Train all staff on family-focused case planning model and implement county-wide.		7 months (5/1/05)		Program Managers and CPS Supervisors
	1.5.6 Track data and report on progress of project.		8 months (6/1/05)		DHS Analyst
Describe systemic changes needed to further support the improvement goal. A lack of post-placement services is one of the barriers/gaps identified in services to help children safely and appropriately remain with their families. Ensuring staff are accurately utilizing available assessment tools and analyzing the impact of previous services provided is also required to achieve this goal. Changes to the current constraints regarding confidentiality issues will need to be made to allow an exchange of appropriate information between service providers and CPS/Probation.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Training on a selected family-focused case conferencing model, court reporting standards, and additional SDM training.					
Identify roles of the other partners in achieving the improvement goals. Community partners must be willing to commit to supporting an aftercare plan. Service providers will track and report on the status of families who have been referred to them by CPS/Probation for aftercare. Service providers must also be willing to participate in staffing cases to help determine impact of previous services provided.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Improved confidentiality laws to support greater ease of the exchange of appropriate information between service providers and county agencies. Flexible funding opportunities to support the increased role of community-based organizations in aftercare services.					

